

# Fairfax-Falls Church Community Services Board

## 106-05-Mental Health Adult and Family Services

Fund/Agency: 106		Fairfax-Falls Church Community Services Board
Personnel Services	\$12,119,156	<p style="text-align: center;"><b>CAPS Percentage of Agency Total</b></p> <p style="text-align: center;">83.3%</p> <p style="text-align: center;">16.7%</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <span style="color: blue;">■</span> Mental Health Adult and Family Services  <span style="color: yellow;">■</span> All Other Agency CAPS         </div>
Operating Expenses	\$5,842,405	
Recovered Costs	\$0	
Capital Equipment	\$0	
<b>Total CAPS Cost:</b>	<b>\$17,961,561</b>	
Federal Revenue	\$1,319,009	
State Revenue	\$1,750,100	
User Fee Revenue	\$2,869,662	
Other Revenue	\$422,292	
<b>Total Revenue:</b>	<b>\$6,361,063</b>	
<b>Net CAPS Cost:</b>	<b>\$11,600,498</b>	
Positions/SYE involved in the delivery of this CAPS	167/157.9	

### ► CAPS Summary

**Mental Health Adult and Family Services** provides a broad array of mental health services to adult citizens with acute and/or serious, persistent mental illness and adults with co-occurring mental illness and substance use disorders.

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Many of these individuals have a history of:

- multiple psychotic episodes
- psychiatric hospitalization
- multiple detoxification services
- incarceration or involvement with the criminal justice system
- violence
- trauma
- suicidal ideation and/or suicide attempts

They may also experience:

- neurological deficits
- deafness
- HIV+ status
- homelessness or risk for homelessness
- physical illness with concomitant loss of independent functioning
- poverty

Services include assessment, individual, group, and family therapy, psychopharmacology, case management, and psychoeducation. These services vary by duration and level of intensity according to individual needs. Service intensity ranges from periodic case management and medication maintenance to the intensive day treatment programs. Treatment is designed to provide stabilization, relapse prevention, community maintenance, and adaptive behavior change in a manner that facilitates service recipients' participation in the recovery process. Utilization reviews are employed and outcome measures are in place to ensure efficient and effective services across the continuum of care.

Individuals served in Adult and Family Services vary in their potential for self-care, safety, stable housing and employment, constructive relationships, participation in community-based support systems, substance abstinence, and symptom management. Treatment is designed to meet individual needs in the least restrictive manner possible while addressing consumer and community safety requirements. Specialized services are offered to individuals with needs related to aging, grief, sexual assault, domestic abuse, HIV+ status, multicultural and multilingual factors, and co-occurring disorders such as mental illness and substance abuse and mental illness and mental retardation.

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Services are provided by both County staff and contract agencies licensed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) at seven sites across the County. Services providers work in multidisciplinary teams made up of psychiatrists, psychologists, social workers, psychiatric nurses, nurse practitioners, and professional counselors. Some of these professionals are cross-trained and cross-credentialed in alcohol and drug treatment. Outreach services are provided to those individuals whose illness precludes their coming into one of the mental health sites. Treatment is coordinated with other agencies including: Department of Family Services, Child Protective Services, Adult Protective Services, Probation and Parole, Alcohol and Drug Services (ADS), Mental Retardation Services, Area Agency on Aging, the County Coalition on Domestic Abuse, Virginia Batterers Intervention Programs, County Homeless Shelters, Nonprofit Transitional Housing Programs, etc.

Failure to provide adequate and effective mental health or co-occurring disorders treatment results in a substantial increase in the utilization of, or involvement with, hospital emergency rooms, homeless shelters, and the criminal justice system. The locale of care for persons with mental illness has shifted from the State Hospital to the community and Fairfax County is under increasing pressure to provide a range of services to citizens in the community in which they reside. Most of these vulnerable individuals have limited or no health care insurance and their income is severely compromised by their disability. Thus, they are dependent on public mental health services for their safety, symptom management, and stability. Community treatment is a cost-effective and humane alternative to the trauma of multiple hospitalizations, homelessness, and incarceration.

The **Adult Outpatient Program (AOP)** provides a range of assessment, crisis stabilization, treatment, case management, medication services, psychoeducation, and support to persons 18 years of age and over who are experiencing acute mental illness. This program provides focused intensive treatment that is designed to address crisis stabilization and symptom management, as well as utilize the clients' own coping skills and community support systems to deal effectively and efficiently with mental illness in the least restrictive and most appropriate service alternative. These individuals may have a history of hospitalization or may be at risk for psychiatric hospitalization. They often are experiencing concomitant domestic, vocational, financial, and educational disruption or destabilization secondary to the expression of their emotional symptoms and they often have co-occurring substance use disorders. Outreach services are available on a limited and as-needed basis for stabilization and brief problem-solving intervention, e.g. developing a behavioral management plan for a young man with multiple sclerosis whose behavior was placing him in jeopardy of losing his sheltered housing and whose disability does not allow him to come in for appointments. Work with these individuals is designed to prevent need for more restrictive or intensive mental health services and is a cost-effective means to reduce the chance of homelessness, job loss, and marital or relationship loss secondary to acute mental illness.

Adult Outpatient Program staff serve as liaisons and consultants with ADS Crossroads, Detox Center, A New Beginning, Cornerstones, Assisted Living Programs, and United Christian Ministries. Staff also serve on the Probation & Parole Mental Health Committee, the Child Protective Services and Juvenile Court Sex Team (in regard to parents' mental illness issues), Affordable Health Care/Health Department program, and work with drug companies to request indigent medication for those consumers who cannot afford their medications.

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The **Community Support Program (CSP)** provides a range of assessment, crisis stabilization, treatment, case management, medication services, hospital discharge planning, outreach, psychoeducation, family education, and support to persons 18 years of age and over who have serious and persistent mental illness. These individuals have a history of psychiatric hospitalization or are at risk for hospitalization. The major mental illnesses include schizophrenia, schizoaffective disorders, bipolar and other affective illnesses, and severe personality disorders. Many of these individuals have co-occurring substance use disorders. The majority of persons with severe and persistent mental illness will require a broad range of psychiatric, case management, rehabilitative, and support services throughout their lifetime to manage mental illness, maintain housing, and reach maximum employment. Outreach appointments are available on a limited and as-needed basis for consumers who are temporarily unable to come in for office appointments due to illness or injury, are placed briefly in more intensive treatment, or who have withdrawn from treatment and are at high risk.

CSP staff serve as consultants and liaisons with Psychiatric Rehabilitation Services, Inc., the Department of Rehabilitative Services, the Department of Family Services, Mental Retardation Services, ADS Cornerstones, ADS Crossroads, State and private psychiatric facilities, and Head Injury Services.

The **Older Adults and Their Families Program (OAFP)** provides evaluation, treatment, case management, consultation, and support to older adults and their caregivers in Fairfax County. Program services are available to any person 60 years of age or older and to relatives, friends, or other adults who live with or have concerns for older persons. Geropsychiatric evaluations, medication treatment, individual, family, couples and group counseling, consultations, crisis intervention, and coordination with specialized community resources are available. Rapid response outreach is available within 3-5 business days to engage medically frail clients who are reluctant to seek help, or to provide, upon request from staff of other agencies, professional impressions of older clients who may be at risk or in danger due to mental illness. Rapid response is also available to the Fire Marshall when older adults face eviction because their hoarding behavior has created a serious fire hazard in their homes.

Older adults receiving services may have a history of severe and persistent mental illness or may be experiencing severe depression or anxiety associated with the effects of physical illness, disability, and the onset of dementia. There is an increasing co-occurrence of substance use disorders along with psychiatric and physical illness.

OAFP staff provide consultation to Day Health Centers, Senior Living Centers, nursing homes, Assisted Living Centers, hospitals, etc. in managing participants' behavior and assessing for possible mental illness. OAFP staff provide therapeutic support services and community education through ongoing groups in senior residences, health, and recreation center settings, as well as lectures and workshops for persons concerned with problems of aging and caregiving. OAFP staff provides Employee Assistance Program consultation to Fairfax County employees facing older adult issues. Specialized multi-cultural mental health services for non-English speaking older adults and their caregivers are offered at the Seven Corners site.

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### **Medication Services:**

- **AOP** - Medication Services are provided to an increasing percentage of clients enrolled in the Adult Outpatient Program throughout the County. This is a result of a wider range of medication options available to treat mental illness; it also reflects the growing severity of dysfunction and diagnoses found in the clients being served in the program. Psychiatrists and nurses work in collaboration with other program staff to provide coordinated and comprehensive services to adults experiencing acute mental illness. These services allow program clients to stabilize their psychiatric symptoms and avoid or reduce the occurrence of hospitalization, job loss, homelessness, or involvement with the criminal justice system.
- **CSP** offers medication services to individuals experiencing the symptoms of severe mental illness. Assessment and psychiatric medications are offered in collaboration with other services for a comprehensive approach to managing mental illness. Medication can, along with other psychotherapeutic support and case management services, assist individuals in living comfortably with or near family or other supportive individuals in their own community. Repeated psychiatric hospitalizations can be avoided. CSP Medication Services also work to obtain needed medications for individuals unable to pay; a number of resources are utilized including pharmaceutical company indigent care programs, the State pharmacy, insurance programs, private self-pay resources, and Fairfax County subsidy. All individuals in the CSP Medication Services who are prescribed medication for psychotic disorders have been offered new generation atypical antipsychotic medications; over 75 percent of these individuals have experienced improvement.
- **OAFP** offers specialized psychiatric coverage by psychiatrists able to manage the medication needs of the elderly. These program clients frequently have multiple co-occurring physical disorders, dementia, and a complicated response to psychotropic medications.

**Discharge Planning:** This includes an array of services that focus on reintegrating and maintaining seriously and persistently mentally ill persons in the community. Client assessment, treatment coordination, and extensive discharge planning is provided to clients on site at Northern Virginia Mental Health Institute. Additionally, these services are provided to clients at several private psychiatric hospitals who participate in a State-funded private bed purchase agreement. Teleconferencing and contracting with other Community Services Boards for recommitment prescreening are utilized to assist in the discharge planning process when a State facility is out of the Northern Virginia area. State-funded Census Reduction Projects allow for the development of additional community placements and treatment programs which support the successful community reintegration of adults with serious and persistent mental illness.

The **Adult Day Treatment Program** is a directly operated CSB program offering an array of intensive services for adults with serious and persistent mental illnesses. The two Adult Day Treatment Programs are partial hospitalization programs which provide short-term (average stay of 3 months), highly structured stabilization, evaluation, and treatment to individuals at direct risk of being psychiatrically hospitalized or in the process of being discharged from a hospital. The programs use a group treatment focus with adjunctive individual treatment, family support groups, medications, crisis intervention, social and community skills training, vocational guidance, and case management. Individuals served in the Adult Day Treatment Programs require this intensive treatment (four to six hours daily) to stabilize and remain in the community. These individuals often have co-occurring substance use disorders and/or developmental disabilities.

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**Psychiatric rehabilitation services** are provided by Psychosocial Rehabilitation Services, Inc., a contractually operated program providing community-based services to adults with serious mental illness in the Northern Virginia Region. The comprehensive and individualized services provided by PRS, Inc. include the following: rehabilitation and structured activity services, intensive case management, dual-diagnosis services, psychiatric disability management services, deaf services, and mentoring services. The goals of psychiatric rehabilitation services are to reduce the need for hospitalization, develop social relationships, prepare for independent living, secure and sustain employment, promote good physical health, and promote appropriate education.

PRS, Inc. offers a wide range of career development and employment support services. Employment services have been developed to meet the current needs of clients and referrals from the community. These services include individual case management, assessment, placement, and both short-term and long-term follow-along supports upon job placement. PRS, Inc. works closely with the Virginia Department of Rehabilitation Services in assessing and placing clients in appropriate vocational placements. In addition, PRS, Inc. has a small residential program that provides skills teaching and transitional/permanent housing to individuals who are homeless.

Transportation to and from the programs is an essential service for the individuals who participate in psychiatric rehabilitation services. The CSB provides transportation through FASTRAN, Fairfax County's transportation agency.

The Program of Assertive Community Treatment (PACT) is a multidisciplinary outreach-based treatment team providing long-term comprehensive psychiatric, rehabilitation, and support services to persons with severe and persistent mental illness who have symptoms and impairments that are not effectively treated in office-based programs. The goal of the program is to assist individuals to live independently in their own community by minimizing debilitating symptoms that, if left under-treated, would lead to hospitalization, homelessness, or incarcerations. PACT operates as a team to bring individualized life skills teaching, vocational, substance abuse, psychiatric nursing, medication, discharge planning, emergency, and family support services to the client.

### **Domestic Abuse and Sexual Assault Programs**

- The **Victim Assistance Network (VAN) Program** is a State-certified sexual assault center (and, along with the Women's Crisis Shelter, part of a State-certified County domestic abuse program). VAN provides services to survivors of domestic violence and sexual assault through crisis intervention and stabilization, counseling, a 24-hour crisis hotline, advocacy service (to hospital, police, magistrate, and courts), and support groups. Specialized professional individual counseling services are provided to sexual assault survivors who need assistance in dealing with the acute and long-term adjustment phases of rape trauma syndrome and for children and youth who are victims of non-family sexual abuse. Limited individual domestic abuse counseling is made available through graduate interns. VAN trains and supervises volunteers to provide community-based support groups for abuse survivors and parents of sexually assaulted children.

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VAN provides community education programs on domestic abuse and sexual assault to other service providers, hospitals, police, human service agencies, teens and their families, and community groups. VAN staff participate with the following organizations in a coordinated community response to domestic abuse and sexual assault: INOVA Fairfax Hospital Domestic Abuse Council, the Fairfax County Network Against Family Abuse, Office for Women Legal Round Table, Virginians Against Sexual Assault, Virginians Against Domestic Violence, the Region II Domestic Violence Community Resource Council, the Northern Virginia Batterers Intervention and Anger Management Providers Group, the Coalition for Treatment of Abusive Behaviors, and the Fairfax County Child Sex Abuse Team. VAN staff provide clinical intervention and consultation through outreach efforts to Adolescent and Adult Detention Centers, Homeless Shelters, Teen Centers, Police Roll Calls, Alternative Schools, Senior Centers, Girl Scout Troops, and the Department of Family Services Foster Care and Child Protective Services.

- The **Anger and Domestic Abuse Prevention and Treatment (ADAPT) Program** is a State-certified program, providing specialized treatment to men and women who have difficulties regulating anger and other emotions and have frequently been physically or emotionally abusive to intimate partners or family members. Many clients are referred by local courts and child protective services agencies for domestic abuse with partners, spouses, children, parents, and siblings, as well as chronic anger and road-rage. Services offered are clinical assessment and screening for mental illness and substance abuse, an eight-week anger management group, and an eighteen-week psychoeducational and treatment group. Clients are seen on a weekly to monthly basis between the assessment and entry into a group. Client partners are offered a partners' orientation group where they receive information on the program, relationship safety planning, and appropriate referrals. ADAPT provides regular reports to Probation and Parole officers and collaborates with other service providers. Clients are taught self-regulation strategies through lecture, videotape, demonstration, and weekly homework assignments which are evaluated. ADAPT promotes emotional self-regulation and individual responsibility instead of blame, coercion, and aggression. Participants are taught to self-assess the role of alcohol and drug use in their lives.
- **Volunteer Services** - During the past fiscal year, volunteers provided the Domestic Abuse and Sexual Assault Programs with 8,658 hours of service on the 24-hour Crisis Hotline, facilitating Domestic Abuse and Sexual Assault Support Groups, and providing Domestic Abuse and Sexual Assault Community Education under staff supervision.

The **HIV Program** is a grant-based (Ryan White Grant) adult program for persons diagnosed as HIV+ or AIDS involved. The program is designed to serve indigent clients with no other financial means (including Medicaid and Medicare) of affording treatment. The program serves HIV-infected individuals, in all stages of the disease, with mental health issues; these individuals may also have co-occurring substance use disorders. These complicated cases often require case coordination with the local health department and other agencies/individuals needed to stabilize the person's condition. Given the nature of the illness, the level of treatment may begin only with support and case management but will invariably require dealing with the psychiatric crises and functional dementia associated with advanced AIDS.

The **Deaf Services Program** provides specialized counseling to persons with hearing loss and their family members. The staff are fluent in American Sign Language and have specialized training in the psychosocial aspects of hearing loss. The caseload includes those residents who are deaf, hard of hearing, deafblind, or late deafened. Services are provided to clients of all ages with varying degrees of mental illness. (These clients are subclassified under the Adult

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Outpatient Program, Community Support Program, and Child, Youth, and Family Program. Please see above for descriptions of services in each of these programs.)

The Deaf Services Program is regional and involves liaisons with Prince William, Alexandria, Arlington, and Loudoun Community Services Boards, as well as with the State Coordinator of Deaf, Hard of Hearing, Deafblind, and Late Deafened in the State Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and the Northern Virginia Resource Center for Deaf and Hard of Hearing Persons (NVRD). Clients may come from any catchment area in Fairfax County as well as from the above mentioned Community Services Boards in Northern Virginia for services. Consequently, working with these clients involves linkage and collaboration with appropriate disability related resources, such as the Deaf Unit at the Psychiatric Rehabilitation Center, the Regional Counselor for the Deaf at the Department of Rehabilitation and the Regional Counselor for the deafblind at the Department for Blind and the Vision Impaired. Most services are provided at the Springfield Mental Health Center site.

The **Grief Crisis Program** provides grief counseling and support groups for people who have experienced the death of a significant person in their lives. Services are provided to children, adolescents, and adults who have lost a relative to suicide, murder, traumatic accident, or terminal illness. The program provides consultation, education, and professional staff trainings on issues of death and dying to individuals, families, community organizations, and other human service providers. Debriefings following unexpected deaths are provided to neighborhoods, schools, communities, and businesses. The program provides supervision to, and makes extensive use of, both students and volunteers to expand service capacity.

### **Quality Assurance and Staff Development**

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

### **Community Outreach**

Public forums for community members and interested citizens featuring staff presentations on mental health issues of interest are offered at open luncheons and other meetings.



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## **Accomplishments**

- **Medication Services Initiatives**

The **Reston Adult Outpatient Program (AOP)** has initiated a Nurse Practitioner project to maximize medication services resource utilization. The Nurse Practitioner is able to work with the program psychiatrists to establish medication treatment for program clients and is then able, within the regulations of the profession, to provide ongoing medication services with psychiatric supervision. The Nurse Practitioner position is full-time and available to cover medication issues for all program clients in the absence of the part-time psychiatrists. The effort has enabled the site to offer more cost-effective and accessible medication services; the Nurse Practitioner is also able to cover client medication needs when a psychiatrist has left the program and the recruitment of a new psychiatrist is in process. With this coverage by a medical service provider known to the client, medication treatment is uninterrupted and the disruption of a new psychiatrist is minimized. During the past year, a George Washington University School of Medicine psychiatry resident was placed, through the Medical Services Unit, in the Adult Outpatient Program.

**Community Support Program (CSP)** - The Texas Implementation of Medical Algorithm (TIMA) is a pilot project based upon research developed by the Texas Department of Mental Health, Mental Retardation, and Substance Abuse and the University of Texas. Together they established guidelines for the treatment of Schizophrenia, Depression, and Bipolar Disorders. Medical Services staff coordinated the initiation of the comprehensive model of treatment for Schizophrenia which includes a medical algorithm, or a decision tree of psychotropic medications, comprehensive documentation, positive and negative symptom scales, and patient and family education materials. The project is interactive with expert consultation available on an ongoing basis via email and bi-monthly telephone conferences for the service providers. The first client was enrolled in September 2000. Five psychiatrists and 39 clients are currently participating in the program. A clinical nurse specialist provides coordination.

Both **AOP** and **CSP** have established a partnership with Comprehensive Neuroscience of Virginia. Comprehensive Neuroscience offers clients from both programs access to leading-edge psychiatric medications that would not otherwise be available. They are provided free medical and psychiatric evaluations, hospitalization at no cost, continuation of study medications at no charge if these medications prove useful, and restabilization on CSB available medications if the new medications prove to be unacceptable or ineffective. Comprehensive Neuroscience provides continuous and time-sensitive communication through nurse coordinators to AOP and CSP staff, assistance/resources for discharge planning, and all lab work, reports, and case notes on a regular basis to AOP and CSP physicians and therapists. Comprehensive Neuroscience of Virginia staff is also available, at no cost, for consultation on any case where a second or collaborative opinion is needed.

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**All programs** providing Medication Services have coordinated ongoing training for medical personnel on the latest research in mental illness and psychopharmacology.

- **Multicultural and Multilanguage Initiatives** - Fairfax County residents are increasingly diverse. Individuals in need of mental health services are similarly diverse in their countries of origin and language. Several programs in Adult and Family Services, through recruitment and programming effort, have developed an increased capacity for multicultural and multi-language treatment:
  - The Reston AOP has begun to provide on-site mental health services to Hispanic individuals at the Herndon Resource Center, a community-based facility developed and sponsored by the Town of Herndon, offering a wide range of human services to residents of the Herndon area.
  - The Woodburn AOP offers psycho-educational groups in Spanish.
  - AOP has also reorganized the program's multicultural services into one team that is based in six locations across the County to ensure consistency of programming and sharing of resource information.
  - OAFP now has two clinicians who speak Spanish and Vietnamese and have the specialty skills needed to work with the elderly located in the Seven Corners area of the County.
  - VAN has special outreach services to the deaf and hearing impaired, and Hispanic, Korean, and Vietnamese, and other language and culture groups. The VAN hotline workers offer over 12 languages.
- **Research or Evidence-Based Treatment Initiatives** - Both AOP and CSP have designed and implemented groups for individuals with Borderline Personality Disorder based upon the research of Marsha Linehan. The approach is a modified Dialectical Behavior Therapy treatment process addressing the needs of a high-risk population to develop emotional regulation skills, learn interpersonal behaviors appropriate to the workplace, and to develop resistance to impulsive, substance abuse, self-destructive and suicidal behaviors. This approach has been successful throughout the country and allows Adult and Family Services programs to bring State-of-the-art treatment to County residents with mental illness.

With the growing understanding of the biological nature of psychiatric illness and the powerful interplay between emotions and physical well-being, both AOP and CSP have developed psychoeducational groups for consumers and their families that cover:

- medication
- side-effects of medication
- nutrition
- exercise and fitness
- self-care
- symptom management
- responding to family members with mental illness
- how to achieve maximum benefit from the mental health treatment process

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The groups are currently being standardized and implemented throughout the County mental health sites. These groups are adjunctive to other therapeutic approaches and facilitate a successful treatment experience for consumers of both programs by engaging them as collaborative partners in the recovery process. A pilot project is underway to bring these groups to Alcohol and Drug Services for individuals with co-occurring mental illness and substance dependence as well.

- The **Older Adults and Their Families Program (OAFP)** arranged for expert training to be brought to Fairfax County for staff in AOP, CSP, Adult Day Treatment, and Residential Services on treatment for individuals with severe hoarding behavior. These individuals often come to the attention of Mental Health Services through the Fire Marshall, Health Department, Police, and Adult Protective Services for severe hoarding and concomitant failure to maintain a safe and healthy home environment. Following the training, a group to treat hoarding behavior was begun at the Reston Human Services Site and is co-led by clinicians from AOP and OAFP. The group is available to clients from these programs, as well as CSP. Individuals participating in the group are at risk for hospitalization, loss of custody of their children, eviction, and homelessness. The group is a State-of-the-art approach to this complex and dangerous disorder.
- **Domestic Abuse and Sexual Assault Programs Initiatives** - VAN and ADAPT have recently received recognition and an award for their work by the Fairfax County Domestic Violence Coalition. ADAPT has been Certified by the Commonwealth of Virginia as a Domestic Abuse Batterer's Intervention Program. ADAPT has completed an outcome study with the assistance of Virginia Tech demonstrating positive client change after receiving program services. VAN has maintained existing sexual assault State grants in an increasingly competitive process and has received new grants from the Virginia Department of Criminal Justice Services for outreach and program evaluation activities.
- **Grief Services Initiatives** - During the past year, two new initiatives were established. The first is a training program for school staff to facilitate grief groups for adolescents in the school setting. The second is a "Comfort Bear" campaign in which individuals and community organizations donate teddy bears that are given to the children who participate in grief groups. These bears not only bring comfort to the children, but also show the support and compassion of our community.
- **Volunteer Services** placed an average of 152 volunteers in 21 Mental Health Services Programs during FY 2001 for a total of 12,343 hours of service. According to the Virginia Employment Commission, the average hourly value for volunteer time is \$17.79. Based upon this calculation, Mental Health Services received \$219,582 worth of support from the community in the past fiscal year.

### **Funding Sources**

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Mental Health Federal Block Grant for Persons with Serious Mental Illness; the Virginia Department of Criminal Justice Services for Federal sexual assault and domestic violence grants; Virginia Department of Health for Federal sexual assault prevention grant; Northern Virginia Regional Commission (NVRC) for Federal HIV services; Medicaid State Plan Option, and fees from clients, insurance companies, and Medicare.

► **Trends/Issues**

Several treatment approaches have been developed to address the biological nature of mental illness and to assist clients in participating in their recovery process. Part of this effort has been the successful introduction of the atypical antipsychotic medications to clients who need and have benefited from this advance in the treatment of mental illness. This medication is now addressed in the standards of care in psychiatric medication and has resulted in a dramatic increase in the costs of medication. Another factor in regard to the atypical antipsychotic medications is the accompanying weight gain and health problems related to obesity, e.g. diabetes, hypertension, etc. that has resulted from their use. All Medication Clinics in Adult and Family Services Programs have responded with an increased focus on medical screening, referrals for medical care, and education on nutrition and weight management to lessen the probability of these serious health problems. These vital efforts increase the complexity of the delivery of medication services and increase costs due to the professional time involved in addressing the full range of physical and psychiatric concerns of program clients.

Medication Services staff provide services to many clients who do not have, but need, primary medical care. To avoid potentially dangerous complications, medical care such as essential medical tests (e.g. EKG, glaucoma, diabetes, etc.) must be coordinated with psychiatric care. Since most clients have no health insurance or are covered by Medicaid, Medication Services staff face the difficulty of finding and linking consumers with primary medical care. First, there are few providers who accept Medicaid patients. Second, the Health's Department's Community Health Care Network which provides services to the uninsured has a long and continuous waiting list for new patients and they no longer accept patients on Medicaid or Medicaid spend down. Individuals who work but do not have health insurance may not be eligible for services if their income exceeds 200 percent of the Federal poverty guidelines. These and other factors of eligibility constitute a serious concern in the provision of psychiatric medication services.

Training needs for all staff are ongoing and will continue to require significant training time. The increasingly complex and detailed documentation requirements for all clients continues to reduce the time that clinicians have to provide treatment services. Minimum training needs include:

- Information technology (mastery of SYNAPS)
- Medicaid eligibility and documentation requirements
- Virginia treatment outcome measures (POMS)
- State and Federal confidentiality regulations, e.g. 42 CFR Part 2 regulations for clients with co-occurring mental illness and substance abuse disorders and HIPAA regulations for medical documentation management
- Human Rights regulations
- Licensure regulations
- Certification and documentation requirements for various third-party payors

The need for mental health services in multiple languages will continue to correspond to the diversity of individuals living in Fairfax County. Need exceeds current capacity and will require increasing attention in the coming years.

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Outreach services to at-risk consumers becomes increasingly important as the State Hospitals reduce their census and communities become responsible for the treatment needs of individuals with severe and persistent mental illness. If these individuals are unable, either due to logistical reasons or as a result of the symptoms of their illness, to come into the mental health center, it becomes imperative to do assertive outreach to engage them in the process of recovery. Positions dedicated to this activity were lost in the reductions in the early 1990s. The importance of these positions is currently accentuated by the very large caseloads in all programs that make the more time-intensive effort of outreach increasingly difficult.

Consumers who have hearing loss and need mental health and other services face many difficulties. Deaf services staff often act in the role of advocates and educators for other programs, e.g., housing, Child Protective Services, etc. This is a time-intensive case management service for which there are few current resources. Another issue for consumers with a hearing loss is the need for sign language interpreters to utilize psychiatric/medication, emergency, crisis care, residential, domestic violence, day treatment, and alcohol and drug services. The use of interpreters is both costly and less than optimal for participation in mental health treatment. These consumers also face the unique psychosocial impact of deafness. Much as with individuals from other cultures, the deaf culture presents special challenges to clinicians to work effectively and provide culturally competent services. The current resources are unable to meet the present demand and the need for these services continues to expand.

### ► **Method of Service Provision**

Services are provided in both directly operated and contracted programs.

Adult Outpatient Program (AOP): Multidisciplinary staff are available at six mental health sites throughout the County. Office-based services are available Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. Clients may need to use Emergency Services that are available 24 hours a day, seven days a week.

Community Support Program (CSP): Multidisciplinary staff are available at five mental health sites throughout the County. Office-based services are available Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. Clients may need to use Emergency Services during the acute phase of their illness which are available 24 hours a day, seven days a week.

Older Adults and Their Families Program (OAFP): Services are available at four sites (Reston, Lincolnia, Mt. Vernon IMP, and Woodburn) Monday through Thursday from 8:00 a.m. to 9:00 p.m., and Fridays from 8:00 a.m. to 5:00 p.m. Treatment is offered at the homes of persons unable to get to these sites because of physical incapacity.

Adult Day Treatment: The two Adult Day Treatment programs, located in the Reston and Mount Vernon areas, operate Monday through Friday from 8:00 a.m. to 5:00 p.m., plus scheduled evenings. Each program has a dedicated van that allows them to pick up and return clients to their homes throughout the County.

PACT: Services are directly operated and licensed by DMHMRSAS. Services are available Monday through Friday for 12 hours a day, Saturday, Sunday, and Holidays for 8 hours a day, plus on-call response 24 hours a day, seven days a week (including holidays).

Victim Assistance Network (VAN): Counseling, education, training and consultation services are available Monday through Friday from 8:00 a.m. to 9:00 p.m. Hotline and advocacy services are provided 24 hours a day, seven days a week.

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**ADAPT:** The ADAPT program is offered in three locations: Woodburn, Mt. Vernon, and Chantilly. Program hours are Monday through Friday from 9:00 a.m. to 9:00 p.m. Initial appointments are scheduled through the Entry and Referral office at one of three locations. In conjunction with the Women's Shelter, a 24 hours a day, seven days a week hotline for abusers is available.

**HIV+:** Based at the South County (IMP Building), this program is a regional one covering Northern Virginia and utilizes support from other local CSBs who collectively supported the establishment of a regional, rather than individual, program.

**Deaf Services Program:** Multidisciplinary staff are available at the Springfield Mental Health Center. Office-based services are available Monday, Wednesday, and Thursday from 8:00 a.m. to 4:30 p.m., Tuesday from 9:00 a.m. to 9:00 p.m., and Friday from 8:00 a.m. to 12:00 p.m. Clients may need to use Emergency Services, which are available 24 hours a day, seven days a week. A sign language interpreter will be used for communication access.

**Grief Services Program:** Services are provided by 1/0.5 SYE specialist in grief, loss, and death who manages a flexible schedule to be available when needed. This professional also provides supervision to students and volunteers who give their time to the Program.

### ► Performance/Workload Related Data

Title	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
<b>Persons Served:</b>			
Outpatient-Adult	2,344	2,146	2,146
Older Adults	289	293	293
Outpatient CSP	2,316	2,405	2,405
Day Treatment	209	209	209
ADAPT	163	111	111
Women's Shelter	230	260	260
<b>Services Provided:</b>			
Outpatient-Adult (Hours)	42,567	54,324	54,324
Older Adults (Hours)	4,490	9,988	9,988
Outpatient CSP (Hours)	46,531	64,903	64,903
Day Treatment (Hours)	30,151	32,408	32,408
ADAPT (Hours)	3,005	7,149	7,149
Women's Shelter (Bed Days)	3,101	3,139	3,139

In the 2000 Statewide Consumer Satisfaction Survey, 87 percent of consumers in the Adult and Family Services who responded to the survey expressed satisfaction with services.

## Fairfax-Falls Church Community Services Board

### ► Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 26 - 50%. The specific Federal or State code and a brief description of the code follows:

- Code of Virginia Section 37.1-194 mandates provision of case management services as a core service within the Community Services Board (CSB) and Section 37.1-197.1 mandates provision of predischarge planning for persons being discharged from a State mental health facility.

### ► User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	\$2,869,662
<b>Current Fee</b>		<b>Maximum Allowable Fee Amount</b>
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.		N/A
<b>Purpose of Fee:</b> Fees are charged to offset the cost of providing treatment services.		
Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement  <u>Code of Virginia</u> Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors.  The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001
<b>Other Remarks:</b>		